

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1957

318

1003

STATE FILE NUMBER

19476

5027

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Peoples Hospital</u>				Length of stay in lb <u>289</u>		STREET ADDRESS <u>1924 Semple Street</u>	
3. NAME OF DECEASED (Type or print) First <u>Ora</u> Middle <u>Woodard</u> Last <u>Woodard</u>				4. DATE OF DEATH Month <u>5</u> Day <u>25</u> Year <u>57</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>—</u>	
9. AGE (In years last birthday) <u>About 38</u>		IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u>		IF UNDER 24 HRS. Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>—</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	
100. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Frank White</u>	
14. MOTHER'S MAIDEN NAME <u>Delia Towns</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT Address <u>Wilson Woodard 24 1924 Semple Ave</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory Acidosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Paralysis of muscles of respiration</u> DUE TO (c) <u>Amyotrophic lateral Sclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>2 wks.</u> <u>7 months</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>					
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>356.1</u>		20c. TIME OF INJURY Hour <u>—</u> Month <u>—</u> Day <u>—</u> Year <u>—</u> a. m. <u>—</u> p. m. <u>—</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>5/22/57</u> to <u>5/25/57</u> and last saw her <u>alive</u> on <u>5/25/57</u> Death occurred at <u>9:50 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <u>R. Williams, M.D.</u>			
22b. ADDRESS <u>4701 A St. Louis Ave</u>				22c. DATE SIGNED <u>5/27/57</u>			
23a. BURIAL CREMATION, OR OTHER DISPOSAL <u>Shipped</u>		23b. DATE <u>5-29-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Grenada Miss</u>		23d. LOCATION (City, town, or county) <u>Grenada Miss</u>	
24. FUNERAL DIRECTOR <u>A.L. Beal Und.-4303 Delmar Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 29 '57</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith No 108</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Daniel W. Hughes*

Licensed Embalmer No. 4802.
4149 W. Kossu
P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.